

Fill in this information to identify the case:

Debtor Name YOLKED LLC

United States Bankruptcy Court for the: Northern District of Texas

Case number: 23-43508-11

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: Jan 2024

Date report filed: 02/21/2024  
MM / DD / YYYY

Line of business: Restaurant

NAISC code: 72251

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: YOLKED LLC

Original signature of responsible party /s/ Ryan Patterson

Printed name of responsible party Ryan Patterson

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer No to any of the questions in lines 1-9, attach an explanation and label it *Exhibit A*.

- |  | Yes                                 | No                                  | N/A                                 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Do you plan to continue to operate the business next month?                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Did you pay your employees on time?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Have you timely filed all other required government filings?                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 9. Have you timely paid all of your insurance premiums?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it *Exhibit B*.

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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17. Have you paid any bills you owed before you filed bankruptcy?

☒ ☐ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☐ ☒

## 2. Summary of Cash Activity for All Accounts

**19. Total opening balance of all accounts**

\$ 3,760.74

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

**20. Total cash receipts**

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 1,218.21

**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 2,055.93

**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ -837.72

**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 2,923.02

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

**24. Total payables**

(*Exhibit E*)

\$ 38,220.20

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#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 0.00  
(Exhibit F)

#### 5. Employees

26. What was the number of employees when the case was filed? 0  
27. What is the number of employees as of the date of this monthly report? 0

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00  
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00  
30. How much have you paid this month in other professional fees? \$ 0.00  
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>1,978.02</u>	—	\$ <u>1,218.21</u>	=	\$ <u>-759.81</u>
33. Cash disbursements	\$ <u>4,815.74</u>	—	\$ <u>2,055.93</u>	=	\$ <u>2,759.81</u>
34. Net cash flow	\$ <u>-2,837.72</u>	—	\$ <u>-837.72</u>	=	\$ <u>2,000.00</u>
35. Total projected cash receipts for the next month:					\$ <u>5,500.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>-8,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>-2,500.00</u>

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## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☒ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

80456

|||||  
YOLKED LLC  
DIP # 234350811  
2820 EAST SOUTHLAKE BLVD  
SOUTHLAKE TX 76092

**Commercial Checking statement**

January 1, 2024 to January 31, 2024  
Account number .112

**Account summary**

<b>Beginning balance on January 1, 2024</b>	<b>\$4,471.10</b>
Plus deposits	
Paper deposits	\$1,218.21
Less withdrawals	
Checks	-\$2,000.00
Fees and service charges	-\$55.60
Transfers to other accounts	-\$710.69
<b>Ending balance on January 31, 2024</b>	<b>\$2,923.02</b>

**To contact us**

**Call**  
(800) 925-2160  
Hearing impaired (TDD 800 822-6546)

**Visit our web site**  
[www.comerica.com](http://www.comerica.com)

**Write to us**  
COMERICA BANK  
P.O. BOX 650282  
DALLAS, TX 75265-0282

**Important information**

The Account Balance Fee for this statement period for this account is \$0.125/\$1,000.

**Thank you**

Commercial Checking statement  
January 1, 2024 to January 31, 2024

**Commercial Checking account details:** 1112

**Paper deposits this statement period**

Date	Amount (\$)	Reference numbers	
		Customer	Bank
Jan 24	1,218.21		0320227216

Total Paper Deposits: \$1,218.21

Total Number of Paper Deposits: 1

**Checks paid this statement period**

\* Symbol indicates a break in check number sequence

# Symbol indicates an original item not enclosed

@ Symbol indicates a break in check number sequence and an original item not enclosed

Check Number	Amount	Date Paid	Bank Reference Number	Check Number	Amount	Date Paid	Bank Reference Number
#999	-1,000.00	Jan 08	0970594700	@9400	-1,000.00	Jan 24	0970263295

Total checks paid this statement period: -\$2,000.00

Total number of checks paid this statement period: 2

**Fees and service charges this statement period**

Date	Amount (\$)	Activity	Bank reference number
Jan 12	-55.60	Service Charge	0000027785

Total Fees and Service Charges: -\$55.60

Total Number of Fees and Service Charges: 1

**Transfers to other accounts this statement period**

Date	Amount (\$)	Activity	Bank reference number
Jan 03	-672.69	Phone Transfer To: XXXXXXXXXXXX5463	AXO010
Jan 04	-38.00	Phone Transfer To: XXXXXXXXXXXX5463	AXO010

Total Transferred to Other Accounts: -\$710.69

Total Number of Transfers to Other Accounts: 2

**\$ Lowest daily balance**

Your lowest daily balance this statement period was \$2,704.81 on January 12, 2024.

**Commercial Checking statement**  
January 1, 2024 to January 31, 2024

## Commercial Checking: 4112

### PLEASE EXAMINE THIS STATEMENT PROMPTLY

#### Reporting Errors and Unauthorized Transactions

**Personal Accounts: Electronic Funds Transfers:** In Case of Errors (including unauthorized electronic transactions) or Questions About Your Electronic Transfers: Call us at the telephone number printed on the first page of this statement or write us at the address printed on the first page of this statement as soon as you can, if you think this statement or your receipt is wrong or if you need more information about a transfer on the statement or receipt. For pre-authorized transfers (e.g., insurance payments, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. We must hear from you no later than 60 days after we sent you the FIRST statement on which the Error or problem appeared.

When reporting the Error: (1) tell us your name and account number (if any); (2) describe the Error (an Error includes an unauthorized electronic funds transfer) or the electronic transfer you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error or the transaction you question.

We will investigate your complaint and will correct any Error promptly. If we take more than 10 business days (20 business days for new accounts) to do this, we will credit your account for the amount you think is in Error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not provide provisional credit to your account.

**Comerica Check Card Transactions:** Notwithstanding the above information, if your account was debited for a transaction resulting from the use of your Comerica Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated), you may have additional rights and protections. See the Comerica Business and Personal Deposit Account Contract for specific information.

**Checks and Other Non-Electronic Funds Transfer Transactions:** If you need a copy of a check or additional information about a transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic funds transfer transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Comerica Business and Personal Deposit Contract for further details.

**Business Accounts: Electronic Transactions:** If you think this statement shows an Error (an Error includes an unauthorized electronic transaction) or an ATM receipt you received is wrong or if you need more information about an electronic transaction listed on the statement, call or write us as soon as possible at the telephone number or address printed on the first page but always within 30 days of when we first made the information available to you regarding the transaction. For pre-authorized transfers (e.g., insurance payment, etc.), call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Services Department, Attn: Research, P.O. Box 75000, Detroit, Michigan 48275-7570. For Comerica ATM Card or Comerica Business Check Card transactions, call us at the telephone number printed on the first page or write us at Comerica Bank – Electronic Processing, P.O. Box 75000, Detroit, Michigan 48275-7584. For all claims related to an electronic transaction, we must hear from you no later than 30 days after we first made the information available to you regarding the transaction otherwise you may waive your right to recover for the loss you incurred. Call or write us as soon as possible at the telephone number or address printed on the first page and (1) tell us your name and account number; (2) describe the Error or transaction you are unsure about, and explain as clearly as you can why you believe it is an Error or why you need more information; and (3) tell us the dollar amount of the suspected Error. We reserve the right to require that you complete an affidavit regarding claims of unauthorized transactions. If we timely receive your claim, we will investigate your claim and correct any Errors within the time frame required by law. If the claim is for an unauthorized electronic transaction and we find your claim genuine, we will process your claim in accordance with ACH rules or other applicable electronic clearinghouse rules. To the extent we recover we will refund to you the recovery. If an electronic transaction, including wire transfer was conducted in accordance with the terms of an electronic service you agreed to obtain from us, the terms of that agreement will govern whether the transaction in question is authorized or not.

**Comerica Business Check Card Transactions:** If your account was debited for a transaction resulting from the use of your Comerica Business Check Card or Check Card number (does not apply to ATM Cards or Visa Check Cards that are not activated) or if your claim is related to an electronic debit transaction resulting from the use of your Comerica Check Card or Check Card number, you may have rights and protections in addition to those described above. See the Comerica Business and Personal Deposit Account Contract for specific information.

**Checks and Other Non-Electronic Transactions:** If you need a copy of a check or additional information about a non-electronic transaction, you can call us at the telephone number on the first page of this statement. State law and the terms of the Business and Personal Deposit Contract govern your liability and the Bank's for fraudulent checks and non electronic transactions. The best way to limit your possible loss is to report any unauthorized activity involving your account as soon as possible but always within 30 days of when we sent the statement to you or otherwise made the information available to you. See the Business and Personal Deposit Contract for further details. You should keep this statement for your records.

**Balancing Your Account:** For assistance on how to balance your account, please call us at the phone number listed on your account statement or visit your local Comerica banking center.



**Yolked LLC**  
**Reconciliation report**  
 As of 01/31/2024  
 Account: Comerica - 5463

Statement ending balance	0.00
Deposits in transit	0.00
Outstanding checks and charges	0.00
Adjusted bank balance	0.00
Book balance	0.00
Adjustments*	0.00
Adjusted book balance	0.00

Total Checks and charges Cleared 0.33      Total Deposits Cleared 710.69

**Deposits**

Name	Memo	Date	Doc no.	Cleared	In transit
General Ledger entry	PHONE TRANSFER TO: XX	01/03/2024	831682	672.69	
General Ledger entry	PHONE TRANSFER TO: XX	01/04/2024	831683	38.00	
Total Deposits				710.69	0.00

**Checks and charges**

Name	Memo	Date	Check no.	Cleared	Outstanding
General Ledger entry	Zero closed bank account	01/31/2024		0.33	
Total Checks and charges				0.33	0.00



## Yolked LLC Reconciliation report

As of 01/31/2024

Account: Comerica Debtor in Possesion

Statement ending balance	2,923.02
Deposits in transit	0.00
Outstanding checks and charges	0.00
Adjusted bank balance	<u>2,923.02</u>
Book balance	2,923.02
Adjustments*	0.00
Adjusted book balance	<u>2,923.02</u>

Total Checks and charges Cleared	2,766.29	Total Deposits Cleared	1,218.21
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### Deposits

Name	Memo	Date	Doc no.	Cleared	In transit
General Ledger entry	DEPOSIT	01/24/2024	831687	1,218.21	
Total Deposits				<u>1,218.21</u>	0.00

### Checks and charges

Name	Memo	Date	Check no.	Cleared	Outstanding
General Ledger entry	PHONE TRANSFER TO: XX	01/03/2024	831682	672.69	
General Ledger entry	PHONE TRANSFER TO: XX	01/04/2024	831683	38.00	
General Ledger entry	Subchapter V Trustee	01/08/2024	999	1,000.00	
General Ledger entry	SERVICE CHARGE	01/12/2024	831685	55.60	
General Ledger entry	Subchapter V Trustee -	01/24/2024	9400	1,000.00	
Total Checks and charges				<u>2,766.29</u>	0.00

## Yolked LLC

Case Number 23-43508-11

Jan-24

### Schedule C - Cash Received

Doc dt.	Memo/Description	Amount
12/1/2023	Funds clawed back from vendors	1,218.21
	Total Deposits	1,218.21

### Exhibit E - Unpaid Bills

Date	Owed to	Purpose	Due Date
12/1/2023	Kite Realty Group	Rent	12/1/2023
12/1/2023	Kite Realty Group	Rent - Repayment Plan	12/31/2023
1/1/2024	Kite Realty Group	Rent	1/1/2024
1/1/2024	Kite Realty Group	Rent - Repayment Plan	1/31/2024
12/4/2023	Strategic Equipment, LLC	Equipment Rent	12/4/2023
	Total		

Amount

15,247.27

3,605.33

15,247.27

3,605.33

515.00

38,220.20